

24. *Insufflation of Mercurial Powder in the Treatment of Excoriations of the Neck of the Uterus.*—M. TROUSSEAU, in a note in the *Journal des Connaiss. Médico-Chirurg.*, states that he has cured a great many cases of superficial ulceration of the neck of the uterus, some of which had resisted cauterisation with the nitrate of silver by the following means: Take of protochloride of mercury and deutoxide of mercury each one part, of powdered sugar thirty parts.—Mix. A speculum is to be introduced into the vagina, the mucus wiped from the mucous membrane with lint and long forceps. From four to twelve grains of the above powder is then to be applied, by insufflation by means of a glass tube a foot long and from three to four lines in diameter. This operation is repeated at first two or three times a week, afterwards every four or five days, and, finally, every eight or fifteen days until a perfect cure is effected.

25. *Successful Treatment of Aortic Aneurism by Acetate of Lead.* By MM. DUSOL and LEGROUX.—Aortic aneurism has been always considered to be an incurable affection, the only cases of cure known being the result of natural causes. The treatment generally pursued, viz: oft-repeated bleedings and starvation, evidently increase the serosity or watery parts of the blood, diminish its coagulability, and prevent the formation of those fibrinous clots on the formation of which the cure depends. Dupuytren was amongst the first who recommended and employed the acetate of lead in this disease, and his success induced a few other practitioners to give it a fair trial. The results of these trials MM. Dusol and Legroux have laid before the public. Three cases are recorded at length, but the symptoms and treatment are so similar in all that one will suffice as an example.

Pecheur, 37 years of age, was admitted into the wards of M. Dupuytren in the Hotel-Dieu, on the 12th of May, 1829, with a pulsating tumour on the upper and right side of the sternum. Three years before, when lifting a heavy piece of wood, he experienced a sudden attack of pain with difficult respiration in the right side of his chest. He continued to work, however, for fifteen months, but the oppression in the region of the chest augmented, and was attended with violent headache, acute pain in the right shoulder, and right side of the neck, and along the course of the vessels of that region. For this he was bled, but without much relief. After a few months, a tumour appeared on the thorax, which gradually augmented in volume till it acquired the size of an egg, when it became stationary. In proportion as the tumour augmented in volume externally, the dyspnœa diminished; but its recurrence forced the patient to apply for relief at the hospital. The pulsation of the tumour was perfectly synchronous with that of the pulse; the skin which covered it was red and stretched. There was considerable cough and much dyspnœa, and the patient was obliged to maintain the sitting posture. There was facial congestion, difficult deglutition, and frightful dreams, but the appetite was pretty good, and the bowels were regular. Blood-letting to the extent of seven or eight ounces having afforded no relief, M. Dupuytren ordered two pills, each containing one grain of the acetate of lead. On the following day, and every day after, he took six pills; and from this moment amelioration of all the symptoms took place, so that by the 1st of June the tumour had almost completely disappeared, and the other symptoms were much relieved.

The number of pills was gradually increased to ten daily, and compresses dipped in a saturnine lotion were applied over the tumour. This treatment was continued till the 29th of June, when it was discontinued, from its exciting nausea and vomiting. It was again renewed on the 4th of July, and continued till the 19th, when the patient left the hospital, feeling himself quite well.

The amelioration in the three cases related was so remarkable and rapid, that it cannot fail to induce similar trials to be made in this country. Operations on the larger vessels near the heart for the cure of aneurism have very generally been unsuccessful, and any thing which could give a chance of life, particularly without undergoing the danger of an operation, should be eagerly

adopted.—*Ed. Med. and Surg. Journ.* Jan. 1840, and *Archives Générales de Méd.* 1839.

26. *On the Treatment of Varix of the Inferior Extremities.* 1. *By Pins.* 2. *By Caustic Potass.* 3. *By the Combination of these means.* By M. BONNET, First Surgeon of the Hôtel Dieu of Lyon.—In 1834, I commenced, says M. Bonnet, to study the subject of the radical cure of varices. In the following year, I employed pins in sixteen cases, in which the veins were in relief beneath the skin, and caustic potass in two cases of females, in which the dilated veins were lost in a large quantity of fat. The last two were cured, as well as all those who were treated with pins, and who were in such a condition as to render a radical cure certain. Both methods appeared to me equally useful. But as hemorrhage had occurred through the eschars at the time that the caustic had opened the veins, and as no serious accident had followed the use of pins, I came to the conclusion that the operation by pins was to be preferred. But I determined to watch the progress of these cases; and the consequence was, that I was disappointed in the effect of the pins. All the patients whom I saw again, after having remained well during a time varying from one to six months, were reaffected with varix, with as much intensity as before the operation, and this not only in the secondary divisions of the veins, but in the trunk of the saphena, on which the larger number of pins had been applied, and where it appeared that the obliteration would be permanent. In two cases treated by caustic potass, there was no return of the disease: one of these was seen fourteen months after the treatment, the other several years afterwards. From these facts I was led to infer, that the pins produced but a temporary obliteration; but that caustic potass determined a permanent closure, its use, however, being attended with risk of hemorrhage. I considered, therefore, that if I placed pins at intervals upon the saphena, and cauterized the vein between them, I should obtain a temporary obliteration by the pins, such as would prevent hemorrhage, and a permanent obliteration by caustic, such as would effect a cure. I employed this treatment on nine patients, in 1837, but these cases I never saw again. But, in 1838, I treated a man in whom the ulcerated varicose veins gave rise to abundant hemorrhage. I had lost confidence in pins, and found the combination of pins and caustic too complex. I had, therefore, recourse to caustic alone, believing that bleeding might be controlled by compression and position. The result of the practice, in this case, having justified my expectations, I resumed a practice, which I immediately employed on a new series of twelve cases, the course of which more and more confirmed me in the idea, that the treatment of varices by caustic alone is, of all the methods which I employed, the most simple in its application, the least uncertain in its effects, and that which secures the most complete and the most permanent cure.

Before further considering the question of treatment, which is the main object of this paper, I would notice a fact in morbid anatomy relative to varices, and a symptom from which their importance and the effects of treatment upon them may be inferred. I speak of those tumours which stand in the same relation to veins that spontaneous aneurisms do to arteries, and of the undulation which may be communicated to the blood in varicose veins, in a contrary direction to that which happens when the valves are entire, and the blood takes its normal course.

*Varicose Tumours analogous to Spontaneous Aneurisms.*—I removed one of these tumours from the course of the internal saphena vein; it contained a quantity of liquid blood, with soft and blackish clots; its fibrous walls were perfectly smooth on their internal surface, and its cavity communicated with that of the vein by an opening, three or four lines in diameter, which surrounded the small portion of the vein which I had detached. This tumour was like an aneurism; its walls were continuous with those of the vessel on the side of which it was situated, and the cavities of the one and of the other communicated by a narrow aperture. I have since met with this affection in two instances, and each time on the crural portion of the internal saphena vein. On percus-